

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-038616

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 381 Primary Registration District No. 4515 Registrar's No. 820

FILED OCT 8 1963

1. PLACE OF DEATH a. COUNTY <u>SULLIVAN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>SULLIVAN</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MILAN</u>		c. CITY OR TOWN <u>MILAN</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
Length of stay in 1b <u>LIFER</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>JAMES LEE FRAZIER</u>			4. DATE OF DEATH Month Day Year <u>Sept. 27 - 63</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>AUG 18, 1945</u>	9. AGE (last birthday) <u>18</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>COMMON LABOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (City and state or country) <u>POLOCK MO</u>	
12. CITIZEN OF WHAT COUNTRY <u>US</u>					

13a. FATHER'S NAME <u>ELYHUE FRAZIER</u>		13b. MOTHER'S MAIDEN NAME <u>GENEVIEVE FRAZIER</u>		14. NAME OF HUSBAND OR WIFE <u>SHARON FRAZIER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT <u>ELYHUE FRAZIER</u>	
				Address <u>MILAN MO</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Fractured neck.</u> DUE TO (b) <u>car accident</u> DUE TO (c) <u>-</u>		INTERVAL BETWEEN ONSET AND DEATH <u>instant</u> <u>9-27-63</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>-</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>car left road - rolling over against pole</u>	
20c. TIME OF INJURY Hour s.m. p.m. <u>11:50</u>	Month, Day, Year <u>9-27-63</u>		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>m-546-S. City limit</u>	20f. CITY, TOWN, OR LOCATION <u>MILAN</u>	COUNTY <u>Sullivan</u>	STATE <u>MO.</u>
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21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at <u>11:50</u> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) <u>Cover</u> <u>E. W. Simpson, M.D.</u>	22b. ADDRESS <u>Milan, Mo</u>	22c. DATE SIGNED <u>9-30-63</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	23b. DATE <u>Oct 2, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oakwood</u>	23d. LOCATION (City, town, or county) <u>Milan</u>	23e. STATE <u>Mo</u>
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24. FUNERAL DIRECTOR <u>Legg Funeral Home</u>	25. DATE RECD. BY LOCAL REG. <u>10-5-63</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. M. W. Beckett</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

ITEM NO.

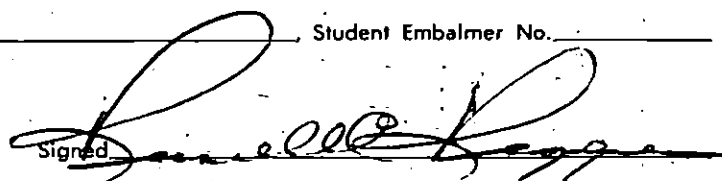
NOV 2 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed



Licensed Embalmer No.

13792

P. O. Address

Melrose Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.